	PATENT	APPLICATION Effect	RD		Application of Docket Number								
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN					
TO	OTAL CLAIMS	3	22		(Congress 2)			ATE	FEE	OR 1	SMALL	FEE	
FOR			NUMBER FILED		NUM	NUMBER EXTRA		IC FEE			BASIC FEE		
TOTAL CHARGEABLE CLAIMS			2/2 minus 20=		· Ep		x	\$ 9=	 	1	X\$18=		
INDEPENDENT CLAIMS				inus 3 =	1		<u> </u>	42=	 	OR		72	
MULTIPLE DEPENDENT CLAIM PR			RESENT						├	OR	X84=		
* If the difference in column 1 is less than zero, enter "0" in column 2								+140=		OR	+280=		
								TAL		OR	TOTAL	892	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Co						(Cotumn 3)	SR	IALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL FEE.	
	Total	- 14	Minus	- 2	Υ	2	X	9=		OR	X\$19-		
	Independent	. 2	Minus	•••	3	•	X	12=		OR	X84≈		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+1	40=		OR	+280=		
								OTAL I. FEE			TOTAL		
	(Column 1) (Column 2) (Column 3)									,0,,	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST IER USLY FOR	PRESENT EXTRA	. RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 14	Minus	** J	4	2	X\$	9=		OR	X\$18=	·	
	Independent	٠ ك	Minus	*** 3		•	X4	2=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											+280=		
							+14	OTAL		OR	TOTAL		
		(Column 1)		(Colum	n 2\	(Cohima 2)	ADDIT	FEE		OR ,	OOIT. FEEL		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST Er JSLY	(Column 3) PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE	[RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		e	X\$	9=		OR	X\$18=		
	Independent	•	Minus	***		•	X4:	<u>,</u>		-··	X84=		
	PIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		-	+		OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **OPT CEE OR +280= TOTAL													
_	The Thighest Nu	nber Previously Pai mber Previously Paid ber Previously Paid	id For IN THIS	S SPACE is:	lace than	3 color *3 *	ADDIT.	FEE L			TOTAL DOIT. FEE		